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For information

Country note**

Azerbaijan

Summary

The Executive Director presents the country note for Azerbaijan for a programme of cooperation for the period 2000 to 2004.

The situation of children and women

1. Transitional changes continue to affect the quality of life and social services for the majority of the 7.6 million people of Azerbaijan, 3 million of whom are children. Privatization of collective farms and state-owned enterprises and the development of the petroleum industry are expected to have positive social implications in the future, but have not yet benefited vulnerable population groups. An estimated 60 per cent of the population live in persistent poverty. The situation is further exacerbated by the dispute with Armenia over Nagorno-Karabakh.

2. Based on the Convention on the Rights of the Child, which was ratified by Azerbaijan in 1992, the Government adopted a Law on the Rights of the Child in 1998. This Law is now being translated into specific legislation and implementation mechanisms under the Office of the Prime Minister.

3. In 1997, infant and under-five mortality rates were reported at 20 and 38 per 1,000 live births, respectively, and continue to decline. Immunization coverage is over 90 per cent for children under five years old, although a 1996 expanded programme on immunization (EPI) survey indicated far lower completion rates for 0- to 1-year-olds. No cases of polio have been reported since 1996. A recent study noted signs of stunted growth among children under two years old: 20 per cent of the general population and almost 33 per cent among internally displaced persons (IDPs). Anaemia affects up to 65 per cent of children, and iodine deficiency disorders (IDD) affect up to 70 per cent of children in the 23 endemic districts. Malaria cases have increased fourfold since 1995 and reached 10,000 cases in 1997, 30 per cent of them children.

4. Maternal mortality has declined to 31 per 100,000 live births in 1997. Abortion rates continue to be high at 23 per 100 births. Anaemia affects over 90 per cent of

* E/ICEF/1999/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1999.

pregnant women. Due in part to costs associated with delivery and poor hospital conditions, unattended home delivery is growing - almost 10 per cent nation-wide and 31 per cent among IDPs. A national breastfeeding policy has yet to reverse the low rates of exclusive breastfeeding.

5. In the education sector, primary school enrolment rates are estimated at 85 per cent, with a completion rate through grade five of 97 per cent. However, based on data from selected schools, regular attendance is 30-40 per cent less. The system continues to suffer from inadequate supplies to produce textbooks, outdated curricula and didactic teaching methods. School facilities are deteriorating, with many lacking water, toilets and heating. Kindergartens and pre-schools are reaching just 20 per cent of the age group. Similar services for children of IDPs are even less, with 38 centres serving only 2,500 children.

6. Children in need of special protection include an estimated 300,000 IDPs and refugees living in settlements. Undernutrition and limited services for children and mothers are prevalent. During the past three years, the number of children living in institutions has decreased by 26 per cent, with about 1,100 children in institutions and 4,000 disabled children in special schools.

7. National systemic reforms are under way in health and education. However, the partial decentralization of authority, the lack of data on the situation of children and limited resource allocations, including for basic maintenance, heating, supplies and equipment, continue to affect the quality of services.

Lessons learned from past cooperation

8. Positive performance in social sectors still has to be substantiated through the use of internationally approved indicators and evaluation processes. Additional indicators should be developed to help monitor the new Law on the Rights of the Child, particularly on working children, street children and children affected by physical and other abuse.

9. In line with social sector reform, UNICEF cooperation needs to balance support to service delivery with actions for enhancing the capacities of governmental institutions, civil society and families to ensure quality care for children, including IDPs and refugee children. Further efforts are needed to support subnational capacities to promote networking among partners.

10. Experience of the participation of communities and local authorities in planning, financing and managing pilot projects in primary health care (PHC) and school management needs to be assessed, with the participation of the Government, United Nations agencies, the World Bank and other concerned partners.

Proposed country programme strategy

11. The goals and objectives of the programme of cooperation for 2000-2004 will be established in accordance with the Azerbaijan Law on the Rights of the Child, which reflects the goals of the World Summit for Children and the principles of the Convention on the Rights of the Child. The rights-based approach will serve as a framework for both cross-sectoral and sector programme actions. The main objectives are to: (a) strengthen social delivery systems and capacities of central and local authorities, non-governmental organizations (NGOs), communities and families in actions for children; and (b) continue to address the needs of children at risk, with an emphasis on marginalized children and women, including IDPs, refugees and children in institutions.

12. The following main programme strategies will be established around the rights-based approach: (a) facilitating decentralization and the introduction of sustainable cost-effective interventions; (b) strengthening professional capacity-building and community mobilization; (c) enhancing cooperation, networking and alliance-building for children among the Government, local authorities, United Nations agencies and NGOs; and (d) strengthening emergency preparedness for timely action and early recovery. Country programme implementation and intercountry information and experience exchange will be facilitated through the framework of the UNICEF Caucasus area management structure.

13. In health, in line with national health reform, UNICEF will support the development of a national policy for safe motherhood and improved obstetric care. This will include the further evolution of mother- and baby-friendly services, improved antenatal and post-natal care, basic nutrition and training. The programme will support the preparation and implementation of a national strategy to combat anaemia and address the incidence of unattended home deliveries. The EPI system will be enhanced through the introduction of the Vaccine Independence Initiative. IDD eradication will be achieved through enhanced monitoring in endemic areas and support to the enforcement of legislation. Health communication activities will be targeted primarily at families, PHC facilities and young people. Health promotion

activities for adolescents to protect them from early pregnancy, sexually transmitted diseases and HIV/AIDS will also be supported.

14. Education activities will promote qualitative improvements through the introduction of active learning methods and the development of curricula which will include education on children's rights, healthy lifestyles, peace, tolerance and conflict resolution. Support will also be expanded to the psychosocial rehabilitation of children affected by civil strife and violence. UNICEF will provide technical assistance in the training of teachers and education managers and will participate in the development of related materials. Attention will be focused on the social mobilization of parents and communities (donations and labour "in-kind", community action groups, multi-purpose centres, etc.). The strategy for "better parenting" will be supported.

15. For the protection and development of children in institutions and in conflict with the law, as well as other at-risk youth, UNICEF will advocate for legislative reform and will continue to support alternatives to institutionalized child care. The rights of children in institutions will be ensured through staff training and the expansion of psychosocial rehabilitation. The development of national policies on children in institutions and foster care as well as other at-risk youth will be supported. National monitoring and networking among national and international agencies will be strengthened.

16. In advocacy and communication, the programme aims at further integrating the Convention on the Rights of the Child into sectoral planning and decision-making processes at central and local levels. UNICEF will support the development of the national monitoring system on implementation of the Convention. Awareness of the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women will be promoted among professionals in the legal, social and media sectors. UNICEF will advocate for adequate allocation of governmental resources for basic social services and encourage resource mobilization for children with the private sector. National capacities at government and civil society levels will continue to receive support to assure the ongoing analysis of the situation of children and women.

17. Close cooperation will continue with other United Nations, bilateral and international agencies, including with the World Health Organization in child and maternal health and nutrition; the United Nations Population Fund in safe motherhood; the Office of the United Nations High Commissioner for Refugees and the World Food Programme in support to IDPs and refugee children; and the World Bank in the development of reform approaches in the social sectors.

Estimated programme budget

Estimated programme cooperation, 2000-2004 a/

(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Health and nutrition	1 200	4 100	5 300
Education	1 100	2 700	3 800
Children in need of special protection	574	2 626	3 200
Advocacy and communication	535	1 275	1 810
Planning, monitoring and evaluation	835	1 055	1 890
Total	4 244	11 756	16 000

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.